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TO:

Examiner John M. Hoffman

Group Art Unit 1731

PHONE #:

FAX #:

571-272-1191 571-273-8300

Application No.:

10/822,642

Applicant:

Home et al.

Duc Date:

November 22, 2006

FROM: PHONE #:

Attached please find the following for filing in the above-identified application.

(1) Request for Continued Examination (RCE) Transmittal.

Respectfully submitted,

Peter S. Dardi, Ph.D. Registration No. 39,650

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office, Fax No. 571-273-8300 on the date shown below.

November 21, 2006

Date

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Attorney Docket No. 3275.06US03

US Bank Plaza, Suite 2000 220 South 6th Street Minneapolis, Minnesota 55402 Telephone: (612) 746-3005 Facsimile: (612) 746-3006

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of Application No. 10/822,642, filed April 12, 2004 for: OPTICAL FIBER PREFORMS, by: Craig R. Horne, Jesse S. Jur, Ronald J. Mosso, Eric H. Euvrard and Xiangxin Bi.

1.	Submission required under 37 C.F.R. § 1.114						
	a. [2	(] Previo	Please enter in the present application the unentered Amendment under 37 C.F.R. § 1.116, with any attachments, filed on October 20, 2006 in said prior application.				
		[]	Consider the arguments in the Appeal Brief or reply Brief previously filed on				
		[]	Other				
	b. [Enclos	A Preliminary Amendment is enclosed. Claims added by this				
11/22/2006 MWOLDGE1 0		10822642	Amendment are properly numbered consecutively beginning with the number next following the highest numbered claim in the prior application.				
01 FC:2801 395	395.00 DA	[]	Affidavit(s)/Declaration(s) Information Disclosure Statement (IDS) Other				

2. [X]The filing fee is calculated below:

	Claims	Highest						
1	Remaining	No.	Present					
	After	Previously	Extra	\$mall	Add")	· ·	Large	Add'l
	Amendment	Paid For	(Equals)	Entity Rate	Fee	OR	Entity Rate	Fec
Total		- 22**	-	x 25	\$0.00	Ţ	x 50	S
Indep.		- 2***	=	x 100	\$0.00		x 200	\$
RCB fee	1			+ 395	\$395.00		+ 790	\$
Mult. Dep.			22	+ 180	S		+ 360	\$
				TOTAL	\$395.00	OR	TOTAL	\$

^[] First Presentation of Multiple Dependent Claim [MDC]

If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent hox in Column 1 of a prior Amendment or the mumber of claims originally filed.

NOV 2 1 2006

RCE of U.S. Application No. 10/822,642 Filed April 12, 2004

3. [X] The Commissioner is authorized to charge Deposit Account No. 50-3863 in the amount of \$395.00 (The RCE fee under 37 C.F.R. § 1.17(e) is required by 37 C.F.R. § 1.114 when the RCE is filed). The Commissioner is hereby authorized to grant any extensions of time and to charge any fees under 37 C.F.R. §§ 1.16 and 1.17 that may be required during the entire pendency of this application to Deposit Account No. 50-3863.

Respectfully submitted,

Peter S. Dardi, Ph.D. Registration No. 39,650

Please grant any extension of time necessary for entry; charge any fee due to Deposit Account No. 50-3863.

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